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VHA SITE TRACKING (VAST) SYSTEM

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy on the use and management of the VHA Site Tracking (VAST) system. ***NOTE:** This directive documents the policy and procedures to ensure that information regarding VHA service sites remains valid, up-to-date, and accessible to agencies both internal and external to VA. For the data to remain accurate, it is imperative that the processes and timeframes identified in this directive are followed throughout the organization.*

2. BACKGROUND:

a. The Department of Veterans Affairs (VA) health care system is one of the largest and most comprehensive health care systems in the world. VHA provides a full range of health care services at sites that are located throughout all 50 states, Puerto Rico, Guam, the United States (U.S.) Virgin Islands and Manila.

b. It is important to have a central inventory of the facilities that comprise this broadly-spread system. The VHA Site Tracking (VAST) System was established to provide accurate and consistent information regarding the number of VHA service sites and the types of services each provides. VAST contains VHA service sites, identifying their primary service and additional services available at the facilities. Each Veterans Integrated Service Network (VISN) and Readjustment Counseling Service (RCS) composed the original list of service sites and the services provided at each site. The Planning Systems Support Group (PSSG) validated each site using available workload information. RCS and each VISN identified a Point of Contact (POC) who is responsible for reviewing the database and submitting any changes. The current Point of Contact list is available from the Planning Systems Support Group.

c. To provide reliable and consistent facility count information, it is necessary to adopt consistent site definitions. Such terms as hospital, medical center, health care system, and integrated health care system may be used very loosely if not precisely defined.

d. For outpatient clinics, an executive decision memorandum was prepared to define the characteristics of the various types, and is summarized in Attachment A. Vet Centers are also tracked as part of VAST. The definition for Vet Center service sites was developed by RCS and is shown in Attachment A. Finally, the term “medical center” was defined by the Under Secretary for Health and also is included in Attachment A.

e. Facility information is dynamic and requires continuous oversight to preserve the relevance of the information contained within the database. To ensure the usefulness of VAST,

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VHA maintains the database, periodically reviews the data, processes notifications of newly-approved and operational service sites, and provides a means to edit or deactivate current service sites (see Att. B).

f. For a site to be included in the VAST database it must have a station number. Any operating site is identified with a unique station number. If a site is operational and the workload is being rolled-up or recorded in conjunction with another station, this site cannot be reflected in VAST without a unique station number. The VAST data records service sites and their locations. It is imperative each station provide data relevant to each individual service site. Service sites, which are operating (serving veterans) or projected to become operational and meet approved definitions, are to be included in the VAST database.

3. POLICY: It is VHA policy that the VAST system is designated as the official repository of data on the number and location of VA's sites of health care delivery for medical centers, hospitals, nursing homes, domiciliaries, outpatient clinics, and Vet Centers.

4. ACTION

a. **Responsibilities of the PSSG.** The PSSG must:

(1) Provide continual maintenance and data updating for the VAST system.

(2) Provide quarterly reports to the Offices of Policy and Planning (105), the Chief Readjustment Counseling Officer (15), and the Deputy Under Secretary for Health for Operations and Management (10N).

(3) Provide final reports.

(4) Provide support for ad hoc reports on the VAST data.

(5) Distribute quarterly reports to all VISNs.

(6) Enter all edits received within 5 business days.

b. **Responsibilities of the Chief Policy and Planning Officer (105).** The Chief Policy and Planning Officer (105) will:

(1) Establish and maintain VAST policy and provide overall guidance to PSSG with respect to VAST operations.

(2) Ensure that all VISNs provide an accounting of their service sites in their annual business plans.

(3) Appoint the Office of Policy and Planning POC.

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c. **Responsibilities of Deputy Under Secretary for Health for Operations and Management (10N).** The Deputy Under Secretary for Health for Operations and Management (10N) must provide the PSSG with:

(1) Any VISN changes to the quarterly reports, within 5 business days of receipt of such changes.

(2) Timely information regarding newly-approved sites (except Vet Centers).

(3) The appointed (10N) POC and all contact information.

d. **Responsibilities of VISN Directors.** Each VISN Director must appoint a single POC for all VISN site information reporting and provide POC contact information to PSSG.

e. **Responsibilities of the RCS.** RCS must:

(1) Designate a single POC for all Vet Center reporting information.

(2) Provide Vet Center information to PSSG, as detailed in Attachment B, Processes.

f. **Responsibilities of VISN and RCS POCs.** VISN and RCS POCs must:

(1) Provide to the PSSG any changes to site data elements within 5 business days.

(2) Notify the PSSG of the date sites began operating, within 10 business days after operations commence.

(3) Respond to the PSSG's requests for review of data and confirm the accuracy of the current list, or provide corrections, within 10 business days of request.

(4) Ensure each service site is correctly identified with a unique station number.

g. **Responsibilities of the Records Management Service (005E).** Records Management Service (005E3) must (except for Vet Centers):

(1) Assign official station numbers to newly Congressionally-approved service sites within 10 business days.

(2) Assign official station names and station numbers to service sites upon request for integration, to edit, and/or to make other necessary changes.

(3) Disseminate to the field information on official changes to station names or station numbers.

(4) Deactivate official station numbers.

5. **REFERENCES:** None.

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6. FOLLOW-UP RESPONSIBILITY: The Chief Policy and Planning Officer (105) is responsible for the contents of this directive. Questions may be addressed to 202-273-8932.

7. RESCISSIONS: None. This VHA Directive expires September 30, 2007.

Ann Patterson for
Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

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ATTACHMENT A

DEFINITIONS

These definitions were set by the Veterans Health Administration (VHA) Policy Board in December 1998 and are the basis for defining the category and the additional service types for each VHA service site. These definitions cover sites generally owned by the Department of Veterans Affairs (VA) with the exception of leased and contracted community-based outpatient clinics (CBOCs).

1. VA MEDICAL CENTER. A medical center is a unique VA site of care providing two or more types of services that reside at a single physical site location. The services provided are the primary service as tracked in the VHA Site Tracking (VAST) (i.e., VA Hospital, Nursing Home, Domiciliary, independent outpatient clinic (IOC), hospital-based outpatient clinic (HBOC), and CBOC). The definition of VA medical center does not include the Vet Centers as an identifying service. *NOTE: This definition was established by the Under Secretary for Health.*

2. VA DOMICILIARY. A VA Domiciliary provides comprehensive health and social services in a VA facility for eligible veterans who are ambulatory and do not require the level of care provided in nursing homes.

3. VA HOSPITAL. A VA Hospital is an institution that is owned, staffed and operated by VA and whose primary function is to provide inpatient services. *NOTE: Each division of an integrated medical center is counted as a separate hospital.*

4. VA NURSING HOME CARE UNITS (NHCUs). NHCUs provide care to individuals who are not in need of hospital care, but who require nursing care and related medical or psychosocial services in an institutional setting. VA NHCUs are facilities designed to care for patients who require a comprehensive care management system coordinated by an interdisciplinary team. Services provided include nursing, medical, rehabilitative, recreational, dietetic, psychosocial, pharmaceutical, radiological, laboratory, dental and spiritual.

5. VA OUTPATIENT CLINICS. Types of VA Outpatient Clinics are:

a. **Community-Based Outpatient Clinic.** A CBOC is a VA-operated, VA-funded, or VA-reimbursed health care facility or site geographically distinct or separate from a parent medical facility. This term encompasses all types of VA outpatient clinics, except hospital-based, independent and mobile clinics. Satellite, community-based, and outreach clinics have been redefined as CBOCs. Technically, CBOCs fall into four Categories, which are:

(1) **VA-owned.** A CBOC that is owned and staffed by VA.

(2) **Leased.** A CBOC where the space is leased (contracted), but is staffed by VA. *NOTE: This includes donated space staffed by VA.*

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(3) **Contracted.** A CBOC where the space and the staff are not VA. This is typically a Healthcare Management Organization (HMO)-type provider where multiple sites can be associated with a single station identifier.

(4) **Not Operational.** A CBOC which has been approved by Congress, but has not yet begun operating. ***NOTE:** CBOCs required Congressional approval after March of 1995.*

b. **Hospital-Based Outpatient Clinic.** An HBOC consists of the outpatient clinic functions located at a hospital.

c. **Independent Outpatient Clinic.** An IOC is a full-time, self-contained, freestanding, ambulatory care clinic that has no management, program, or fiscal relationship to a VA medical facility. Primary and specialty health care services are provided in an outpatient setting.

d. **Mobile Outpatient Clinic (MOC).** An MOC is a specially equipped van that makes multiple scheduled stops providing outpatient care. A mobile clinic is under the jurisdiction of a parent medical facility.

6. VET CENTER . A Vet Center is a data source under the direct supervision of the Readjustment Counseling Service (RCS). The Vet Center provides professional readjustment counseling, community education, outreach to special populations, brokering of services with community agencies, and access to links between the veteran and VA. ***NOTE:** This definition was provided by RCS .*

ATTACHMENT B

PROCESSES

1. Periodic Review. To ensure that the data in the Veterans Health Administration (VHA) Site Tracking (VAST) System is kept current, the information must be reviewed and updated regularly. This is primarily the responsibility of the designated Point-of-Contact (POC) for each Veterans Integrated Service Network (VISN) and for Readjustment Counseling Service (RCS). The reviews are to be ongoing and changes must be submitted within the time stipulated in paragraph 4 of the directive. The Planning Systems Support Group (PSSG) makes the changes as they are received, or after verification is made, if appropriate.

a. To assist in this process, the PSSG sends quarterly reports to the VISNs and RCS, providing the following information:

(1) VISN and/or RCS summary count totals.

(2) VISN and/or RCS site-specific list with details of the total range of services and, for Community-based Outpatient Clinics (CBOCs) and Vet Centers, the date the site became operational.

(3) Facility address data displaying all current information.

b. These reports will be forwarded to: the Deputy Under Secretary for Health for Operations and Management (10N), each VISN POC, VISN Planners, Office of the Readjustment Counseling (15), and the Office of Policy and Planning (105). After dissemination, the reports will be posted on the PSSG's Web page for general distribution. Upon receipt of this report, each Network and RCS has 5 business days to submit changes or modifications to the information contained within the report. Changes are to be coordinated through, and sent by, the VISN and/or RCS POC. All changes must be submitted utilizing the format in Attachment C "Request for Information." **NOTE:** *Attachment C is available in electronic format on the PSSG Web page (<http://vawww.pssg.med.va.gov>).* The PSSG has 5 working days to update VAST to reflect these changes. Responsibility for validity of the data submitted and posted on PSSG's Web page rests with the VISN and/or RCS POCs.

2. Reporting Newly Approved Service Sites (Does not apply to Vet Centers)

a. To accurately reflect the VHA health care system, it is important to ensure that each new site is included as early as possible. At the time of Congressional approval for a new site (except Vet Centers), the Deputy Under Secretary for Health for Operations and Management (10N) must provide necessary information to the Records Management Service (005E3) who assigns the station number. The Deputy Under Secretary for Health for Operations and Management (10N) provides the PSSG with copies of the front page of the CBOC proposal titled, "Business Plan Summary." The station number assignment is forwarded from the Records Management Service (005E3) to the Deputy Under Secretary for Health for Operations and Management (10N), the VISN Support Service Center (VSSC) (10NS), the PSSG, and the Office of Policy

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and Planning (105). Once the station number is received by PSSG, the preliminary data must be entered into VAST.

b. The required preliminary data elements are:

(1) VISN.

(2) Station number.

(3) Official name of service site.

(4) Name of administrative parent.

(5) Station number of administrative parent.

(6) Type of service as defined and accepted by the Under Secretary for Health and the Policy Board.

(7) Prospective city and state location of approved service site.

(8) Date of approval (mm/dd/yyyy). **NOTE:** *Provided by the Deputy Under Secretary for Health for Operations and Management (10N).*

(9) Tentative date of operation (mm/dd/yyyy) at current site. **NOTE:** *If not provided, this field will default to 1 year after approval date.*

c. Upon activation of the station number, the facility name needs to be amended, if necessary. The address and other data elements are obtained from the POC by PSSG via a Request for Information prepared in the format provided (see Att. C). VISNs may at any time provide the data prior to receipt of the request for information. VISNs must include all of the elements to be entered into the VAST. To facilitate accurate and timely information, VISNs must use the "Request for Information" spreadsheet. **NOTE:** *This spreadsheet is available in electronic format on the PSSG Web page (<http://vaww.pssg.med.va.gov>) or by e-mailing the PSSG directly from the Web page.*

3. Reporting Newly Operational or Modified Service Sites

a. VISNs are responsible for ensuring the required information is provided to the PSSG as sites become operational. This must be accomplished via the spreadsheet "Request for Information," and must be validated quarterly using the quarterly reports. The notification received from Records Management Service (005E3) is forwarded to the VISN and/or RCS POCs at the time of receipt of such notice. VISN and/or RCS POCs have 10 business days to provide the required information. **NOTE:** *Verification of the data may be conducted during the quarterly reporting period.*

b. The following data elements are required:

- (1) VISN.
- (2) Official name of service site.
- (3) Station number.
- (4) Parent station name. **NOTE:** *Does not apply to Vet Centers.*
- (5) Parent station number. **NOTE:** *Does not apply to Vet Centers.*
- (6) Operational date. **NOTE:** *Does not apply to Vet Centers.*
- (7) Approval date. **NOTE:** *Does not apply to Vet Centers.*
- (8) Street address.
- (9) Mailing address.
- (10) VA-owned indicator. **NOTE:** *Vet Centers are to enter "NO."*
- (11) VA-staffed indicator. **NOTE:** *Vet Centers are to enter "YES."*
- (12) Contracted indicator. **NOTE:** *Vet Centers are to enter "N/A."*
- (13) Contract activation date (mm/dd/yyyy), if contracted. **NOTE:** *Vet Centers are to enter "N/A."*
- (14) Contract expiration date (mm/dd/yyyy), if contracted. **NOTE:** *Vet Centers are to enter "N/A."*
- (15) If non-VA, total number of service sites included in contract. **NOTE:** *Vet Centers are to enter "N/A."*
- (16) Telephone number.
- (17) Facsimile number.

4. Process of Editing VISN Service Sites

a. VISN changes to the station number, address, or the name of a site, must be requested by the Network to the appropriate office. To accurately maintain the VAST table, it is necessary to limit edits to the official name and station number as recognized throughout VA. The VAST data is compiled for use throughout VA and is on occasion used in conjunction with other databases.

b. Station number changes are documented in a history table in the VAST database. Therefore, to preserve data integrity throughout VA, the PSSG makes changes to the data

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elements of "station number," "station address," and "station name" when notified through the following processes:

(1) **Station Number Changes.** Networks and the Office of the Readjustment Counseling Officer report all station number changes to Records Management Service (005E3) through the Deputy Under Secretary for Health for Operations and Management (10N). Subsequent to review and approval, changes are to be made by the PSSG upon notification from 005E3.

(2) **Station Address Changes.** Networks submit station address changes to the Deputy Under Secretary for Health for Operations and Management (10N) for review and approval. Approved address changes are forwarded by 10N to Records Management Service (005E3) and the PSSG. Upon receipt of approved address changes from 10N, the PSSG makes the appropriate changes in VAST.

(3) **Station Name Changes.** Networks submit electronic notifications for station name changes only (address and other data elements remain the same) directly to the PSSG (email comments link at foot of PSSG website, vaww.pssg.med.va.gov) who then informs the Deputy Under Secretary for Health for Operations and Management (10N), Records Management Service (005E3), VSSC (10NS), and the Austin Automation Center.

c. Changes to the station telephone number or contractual information may be completed, as necessary, or during the quarterly reporting period. These edits are the responsibility of the POC and must be forwarded to the PSSG.

d. To deactivate a station number, the Network makes the request through the appropriate process. A station number is deactivated in VAST upon receipt of the official memorandum issued by Records Management Service (005E3); the memorandum must include the effective date of the deactivation. A site is considered closed or deactivated when veterans are no longer receiving services at the site location, thus workload is discontinued.

5. Process of Editing Vet Center Information

a. Upon receiving notice of RCS changes to Vet Center name and/or address, the RCS POC must promptly notify the PSSG of the edits.

b. Changes to the station telephone number may be completed as necessary, or during the quarterly reporting period. These edits are the responsibility of the POC and must be forwarded to the PSSG.

ATTACHMENT C

REQUEST FOR INFORMATION

Request for Information Excel Table Page 1

Date Sent	VISN	Station #	Name	Parent	Parent #	Operational Date	Approval Date	VA "owned" Station Yes/No	Contracted Station Yes/No
								Choose ONLY one	

NOTE: This format is being utilized to facilitate the input and extract of the data using interchangeable Microsoft packages and other software compatible with database design. This format may be amended at a later date to accommodate the automation of inputting and extracting data in the database using a columnar format.

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Request for Information Excel Table Page 2

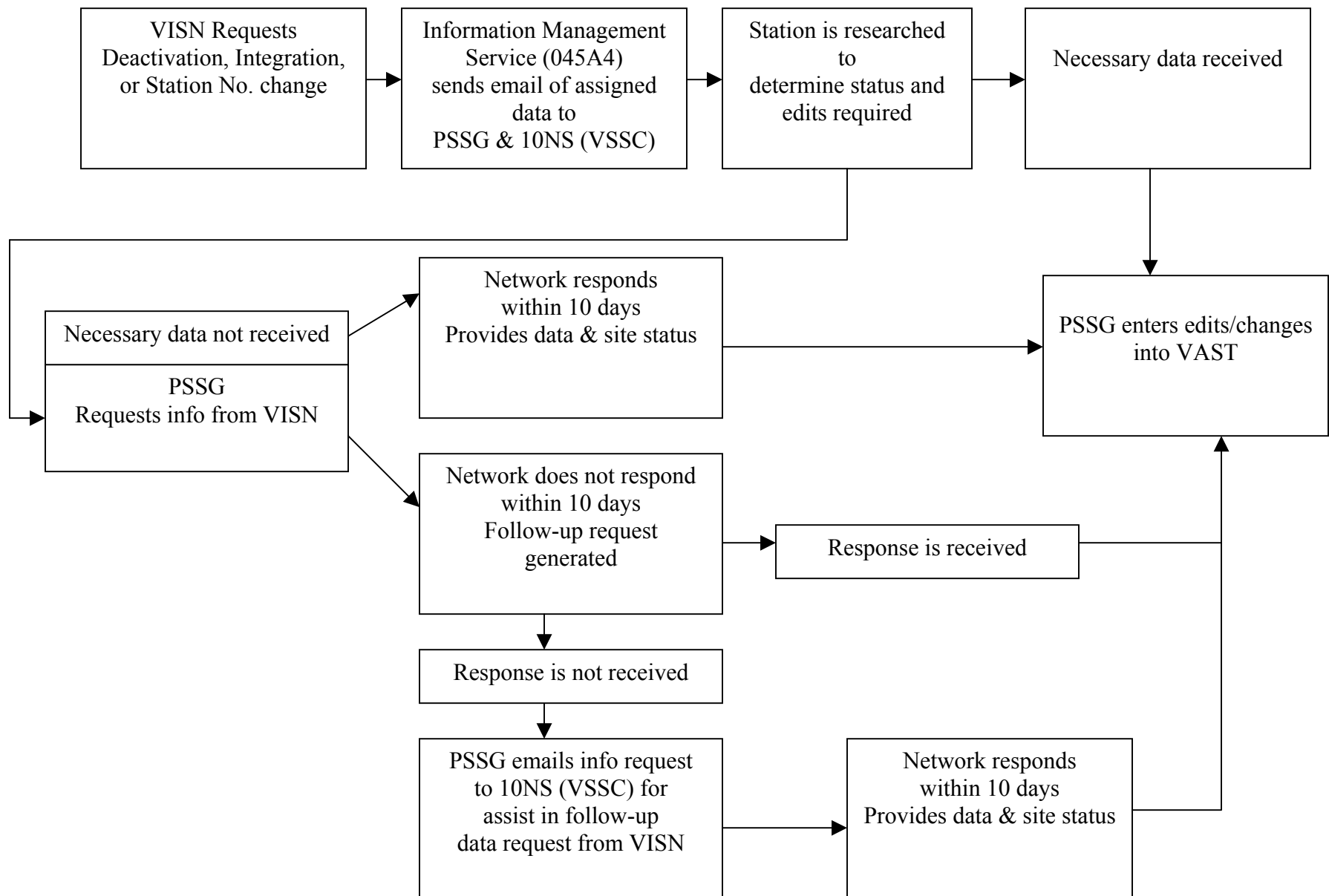
VA Staffed Yes/No	Contract Site # of Provider Sites	Contract Start Date	Contract Expiration Date	Street Address	Street Address Line 2	City	State	Zip Code	Mailing Address	Mailing Address Line 2

Request for Information Excel Table Page 3

City	State	Zip Code	County	Telephone	Facsimile

ATTACHMENT D

VHA SITE TRACKING (VAST) EXISTING VISN SITE PROCESS FLOW CHART



ATTACHMENT E

VHA SITE TRACKING (VAST) NEW VISN SITE PROCESS FLOW CHART

